



JOURNAL OF
SOCIAL HYGIENE

VOL. 37

JUNE 1951

NO. 6

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ABOUT OUR COVER . . .

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THE JOURNAL OF SOCIAL HYGIENE

official periodical of the American Social Hygiene Association, published monthly except July, August and September at the Boyd Printing Company, Inc., 374 Broadway, Albany 7, N. Y. Acceptance for mailing at the special rate of postage provided for in Section 1103, Act of October 3, 1917. Entered as second-class matter at the Post Office at Albany, N. Y., March 23, 1922. Copyright, 1951. American Social Hygiene Association. Title Registered, U. S. Patent Office.

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SOUND ATTITUDES TOWARD SEX

by Dr. Lester A. Kirkendall

We are in the midst of a tremendous change in our customary attitudes toward sex. The subject is treated with increasing freedom and frankness in print, on the radio, and among people of all ages and levels.

This current trend received its main impetus from the works of Freud. His demonstration that sex is associated with the total personal adjustment gave a convincing reason for objective discussion of the subject. Today, a growing mass of evidence proves that sex cannot be understood except as it is regarded as a part of a total personality and behavior pattern.

Address given in Kansas City, Mo., October 11, 1950, at a conference on sex education sponsored by the Kansas City Social Hygiene Society.

Today, we can point to a remarkable beginning in research concerning human sex behavior. Forty years ago, human sex behavior was an almost untouchable area. The idea of research in it was revolutionary.

The first systematic study of sex behavior involving human subjects began less than 40 years ago with the studies of Drs. R. L. Dickinson, M. J. Exner and G. M. Hamilton. Now we have Dr. Kinsey and his extensive research. His work is certain to keep interest focused on human sex behavior for a number of years and to make for even more freedom in discussion of sex matters.

Freedom of discussion is all to the good. The question is: Will we handle it wisely? If we do, the results can be constructive. If educators, parents and other responsible leaders are frightened by the customary taboos and inhibitions, the way is open for unscrupulous commercializing and exploitation of this freedom. This is the chance and the time to develop a sound educational program.

Without doubt, we need an improvement in our attitudes toward sex. When visiting in America recently, Dr. Cyril Bibby, well-known British writer on sex education, commented that the average Englishman thought the usual American attitudes toward sex quite immature. Without doubt, we need a balanced, mature attitude toward sex. After sex has been treated so unnaturally, and tabooed for so long, this is a hard task. With so little experience with what is natural and mature, it is difficult to judge what is unnatural and immature. We are so involved in our own attitudes that we are unable to appraise them.

For these reasons, I shall analyze here seven of our common attitudes toward sex, and suggest improvements in them.



Sex
is part
of the
total
personality.

1. We need to move from

an attitude regarding sex

as primarily physical

} to a concept of sex as an
attribute of total personality

People will never comprehend the place of sex in life nor understand sex behavior so long as they regard it as primarily a physical

experience. Yet this is a common view. Many people assume that all sex behavior is motivated by the desire for sensory pleasure. They are unaware of the numerous factors which motivate it. They do not realize that sex behavior is an aspect of total personality adjustment, nor do they see the interaction between sex and other aspects of personality.

Many people are uncertain of the relation between sex and love.

Sex and Affection

Dr. O. Spurgeon English has contributed to our understanding on this point. He says that to think of expressions of affection as touch-pressure relationships helps us see the relation of sex to affection. Whenever we feel affection for people, we want to be close to them. We want to touch, to embrace, to come close. We find pleasure in close physical intimacy.

An obvious example is when parents embrace and caress their children in infancy. Both parents and children enjoy this. The same expression is seen in animal life. A dog, or a horse, will press close against his master. The pet enjoys the close physical contact. The master, in turn, pats and caresses the animal. Adolescent petting has the same origin. Carried to its logical conclusion, it involves love-stricken youth in sexual intercourse, for sexual intercourse is the most intimate and pleasurable of all touch-pressure relationships. The desire for it is a natural consequence of a growing feeling of love and affection, although, of course, sexual intercourse with a definite degree of physical pleasure may occur when there is no affectional attachment.

Two studies have demonstrated the relationship between sexual behavior and total personality adjustment. They were made in the San Francisco Psychiatric Clinic. The studies, with 365 women and 255 men as subjects, probed the motivation for promiscuity. Was it a desire for physical satisfaction, or something deeper?

This quotation was taken from the study on women:

“Contrary to popular belief, no evidence was revealed to indicate that this problem is produced by above-average sex drive. In fact, *the majority of habitually promiscuous patients used promiscuity in an attempt to meet other problems rather than in an attempt to secure sexual satisfaction.*”¹

¹ Ernest G. Lion and others, *An Experiment in the Psychiatric Treatment of Promiscuous Girls*. San Francisco, California: City and County of San Francisco Department of Public Health, 1945. (Italics in the original)

In discussing the motivation for habitual promiscuity in men, the investigators say:

"Promiscuity . . . was revealed to be a problem in interpersonal relationships . . . was engaged in in an attempt to solve other problems. In nearly all cases, this behavior appeared to be the result of conflicts, inadequacies or disorganization within the personality. Incapacity for sustained love relationships, or impairment of that capacity, was revealed by almost every patient. Active hostility toward women was present in varying degrees among some of the men. . . .

" . . . no evidence could be secured that promiscuity was the result of greater-than-average sex drive." ²

Unmarried Mothers

A study of unmarried mothers gives further evidence of the close relationship between personality development, home conditions, education and sex behavior. This study concludes:

" . . . the typical unmarried mother of this study tended to come from an unhappy home usually broken by either the death of one or both of the parents, in which case the mother generally worked out—or where the parents, or particularly the mother, was suffering from some form of ill health, and where the parents, although often affectionate toward their children, were not in the majority of cases considered real 'pals.' . . . The unmarried mother tended to be ignorant or partially ignorant of the facts of reproduction, having received what information she possessed, true or false, from friends and companions rather than from her school or home. . . ." ³

When people understand that sexual behavior is an aspect of total adjustment, it will be neither possible nor desirable to ignore it. Those who indulge in harmful and exploitative sex behavior will still have to be controlled, but they will be regarded more as immature and unsocial personalities than as sinners.

Sex has three functions in life.

The first is the reproductive function, which is so well understood that it needs no further elaboration here.

² Benno Safier, M.D., and others, *A Psychiatric Approach to the Treatment of Promiscuity*. New York: American Social Hygiene Association, 1949, p. 42.

³ Enid S. Smith, "A Study of Twenty-Five Adolescent Unmarried Mothers in New York City." *Education*, 57:172-77, November, 1936.

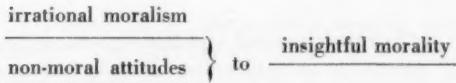
The second is physical pleasure and satisfaction. This function is often disproportionately emphasized, especially by poorly informed persons. It is a legitimate aspect of sex, however, and should be so recognized.

The third function is the use of sex as a communicative, unifying factor. This function of sex is hard to explain to those who have always thought of sex in physical and sensual terms. Yet we communicate with each other through caresses, embraces and handclasps. In grief, or under strain, these methods of communication are sometimes even more meaningful than verbal expressions.

In stressing techniques and procedures of intercourse as the key to sexual satisfaction, many marriage manuals seem to overlook this function of sex. They equip couples with the mechanics of expression, but fail to realize that they may have nothing to express to begin with.

The communicative and unifying satisfactions of sex can be experienced only as psychological and personality values are associated with it. This carries one far beyond the merely physical aspects of sex.

2. We need to move from



Sex and Sin

For centuries many people have clung to the idea that any expression of sex, especially during the premarital period, was sinful. Some went even further. Sex might be necessary for procreation in marriage, but it was not to be enjoyed. Sex was not to be discussed. The moral person subdued all thoughts, feelings and expressions of sex during the premarital period, and indulged in it after marriage in complete secrecy.

The consequences of this attitude toward sex are still seen in counseling. Counselors meet disturbed boys and girls who fight to repress and seek to disown their sexual nature. They think of their normal impulses and desires as base and unworthy, and deprecate themselves when they cannot subdue them.

Seeking to escape this unrealistic and harmful attitude, some few persons take the point of view that sexual considerations are non-moral. Sex is regarded as a "natural" function and, because it is, it may be exercised whenever "normal" desires impel the person.



Youth
seeks to
understand
the reasons
for morality.

Extremely harmful exploitation, without doubt, may occur in the name of sexual satisfaction. Social problems and individual maladjustments may be created or increased by the way in which sex is used.

Dr. Kinsey has been criticized for taking a "non-moral" view of sex. Yet in his volume, so largely devoted to statistics, is this sentence: "Sexual histories often involve a record of things that have hurt, of frustrations, of pain, of unsatisfied longings, of disappointments, of desperately tragic situations, and of complete catastrophe."⁴ If this statement is true, as we know it is, we must reject the idea that sexual behavior is a strictly non-moral matter.

An insightful morality is needed. We should neither be afraid of sex nor laud it just because it is sex. Our problem is to recognize it as a normal phase of living and approach it in an understanding manner.

This attitude is particularly important in the education of young people. Youth seeks not to disregard morality, but to understand the reasons for it. I remember a boy who, questioning the prevailing

⁴ Kinsey, Alfred C., Pomeroy, Wardell B. and Martin, Clyde E., *Sexual Behavior in the Human Male*, W. B. Saunders Co.: Philadelphia, 1948, p. 42.

standard of premarital chastity, began by saying, "I know religion is against sexual relations before marriage, but what is the 'real scoop'?"

The "real scoop" means understanding, in terms of life adjustments, the advantages, disadvantages, problems and recompenses of the different modes of sexual adjustment which youth see, hear discussed or read about.

Meeting Questions Squarely

"What is the harm of masturbation?" "If a couple love each other, and use contraceptive measures, isn't it all right for them to have intercourse?" "Why should we deny sex desire, when it is natural?" "Why is prostitution wrong?" These are questions which must be met squarely and without evasion. Platitudes and pious evasions will be rejected by youth. They want to understand why certain standards exist, and, if they are observed, what may be gained from following them.

This means that the average person must probe the relationship between sexual behavior and the total personal and social adjustment a great deal more thoroughly than he has ever done before. We have much rethinking and re-evaluating to do.

An example of a questionable evaluation which needs to be rethought is the opprobrium which still too often attaches to the unmarried mother, as compared to the person, who having been involved in adultery and having contributed to breaking up a home, is still received in polite society. One would think that the unmarried mother had broken all her vows and harmed society in a much greater degree than the person who has committed adultery. Or why should the unmarried mother attract more social disapproval than the unmarried father?

The scientific findings regarding masturbation, premarital intercourse, homosexuality, prostitution and other social practices need to be studied, related to human values and goals, and an insightful morality developed.

3. We need to move from a

hush-hush attitude
garrulous attitude } to an objective consideration of sex

The first attitude is an obvious and common one. It is an ostrich-like denial that there is such a thing as sex.

People who react against the old hush-hush approach often express their emancipation by becoming garrulous about sex. Reacting against former taboos, they now discuss it at every opportunity, whether the occasion justifies it or not.

The sweeping away of taboos from a subject of vital interest always has this result. A tremendous reservoir of curiosity and suppressed interest is released and we are inundated with words, articles, books and talk. We are now in this stage. Dr. Kinsey's publications and the resulting comment have been especially influential in breaking through the barriers. His study has been hallowed and protected by the scientific approach. With its publication, it suddenly became more permissible to talk about sex. The result has been a garrulous outpouring of books and articles.

The issue, of course, is actually not quantity, but quality and purpose. We need an objective consideration of sex to help us understand the place of sex in life, and understand how to direct sex wisely.

If we can develop an attitude of objective, purposeful consideration toward sex, in the long run there will be less talk about it. This will be no virtue either, unless it signifies that at last people have gained long-needed insight and understanding.

Poised Acceptance

4. We need to move from a

grim, dour attitude

frivolous attitude } to poised acceptance

I shall always remember an introduction I received to a class of boys in physical education. Their instructor had invited me to discuss some questions about sex which the boys had raised. As the instructor closed the introduction, he turned to the boys and, almost glaring at them, said, "I don't want any smiles from any of you fellows while Dr. Kirkendall is talking. Wipe 'em off."

As I stepped forward, I staged a hasty debate and decided that the joke I had thought of using was now necessary to relieve the tension which had been created. Not smile, indeed! Of course, I wasn't wanting frivolity, but neither did I want the boys sitting there tense and grim.

Our problem is to find a satisfactory middle ground. Like the tight-rope walker who has lost his balance, we swing first in one direction and then the other in our attempt to attain it. Our trouble is that, never having had a balanced attitude, we don't know when we have gained one.

*Sex
can be
light-hearted.*



An attitude of poised acceptance would surely grant that there are both serious and light-hearted things about sex . . . that it has its serious and its amusing sides. In fact, a sense of humor is often a saving grace. I'm encouraged to believe that we are moving in the direction of poised acceptance.

5. We need to move from an attitude of

fear and dread

shocking bluntness } to straight-forward frankness

Our present problems of handling sex grow, in a large measure, from fears associated with it. We *fear* sex. We fear our boys and girls will be involved in some form of sexual behavior. We fear the consequences if they are. We fear community reactions. We dread the day when we have to face questions of sex frankly with our children.

We sometimes make strenuous efforts to avoid direct involvement with sex. Some time ago I received a sex education pamphlet addressed to adolescents. The author seemed quite elated that the entire pamphlet did not once contain the word "sex." He used "physical need," "the creative urge," "the conjugal relationship," "the illicit union" and similar phrases. Personally, I feel that such an effort only strengthens our attitude of fear and dread.

This attitude is expressed in the many emotionally-toned words which we use in writing about or discussing sex. For example, masturbation is still called "self-abuse" by some. It is defined in the dictionary as "self-pollution." I recently read a theme on child development in which the writer, a mature graduate student, spoke of the common genital exploration of a child. She referred to this as "violating himself."

Homosexuality

We call conduct which deviates too much from common, accepted practices a "perversion." Homosexuality is an example. Yet if we accept the psychiatric explanations of causation, we can hardly

apply the dictionary definition of "perversion" to homosexuality. According to the dictionary, perversion means "obstinate in the wrong, willful." The synonym given is "cranky." This hardly describes the situation of a person whose emotional growth is thwarted by environmental circumstances so that he is blocked at the homosexual level.

A shocking, seering bluntness can, of course, damage efforts to build good attitudes toward sex. This extreme should be avoided.

We do need an attitude and a vocabulary which will enable us to speak frankly and straight-forwardly about sex.

6. We need to move from an attitude of

strictly individual concern to **a recognition of social implications of sex**



*Sex
is not
just an
individual
matter.*

Sex has been considered for so long a strictly private matter that the average person finds it hard to think of sex in social terms. Ask an individual or a group if the sex life of an individual, or of partners in a sexual experience, is any business of people in general. The usual reaction is that it is not. What the person or couple do in their sexual relationship is their concern alone. Let society mind its own business!

Yet a little thought very shortly indicates that a strictly *laissez-faire* attitude is unacceptable. We need to consider the relationships of sexual behavior to social welfare, and to support an attitude which predisposes individuals to think in terms of group welfare.

7. We need to move from an attitude of

rigid masculine dominance, and female subordination

regarding the sexes as alike in all respects } to a flexible, equitarian regard for individual personality and an acceptance of the unique values of sex membership

*New
sex education
books emphasize
individual
roles
of the
sexes.*



The inclusion of this attitude represents the growing concern for making all aspects of male-female relations a part of the consideration of sex education. There is much to be said on this topic, and books have been written on it.

The last century has seen women gaining much greater freedom. A wider range of activities has been opened to them. New occupations, voting privileges and political influence have accrued to women. Yet in many of our attitudes we have failed to accept these changes in the status of women. The American philosophy, someone has said, is that "men and women are equal, only men are more equal than women."

Early feminist leaders reacted to the rigid patterns of masculine dominance—feminine subordination which are part of the paternalistic family system with a counter-argument. Men and women, they said, are exactly alike and should be treated alike in all respects. The leaders of the early "equal rights for women" movement were especially vigorous in espousing this idea.

Unique Contribution of Each Sex

Liberal thinkers have pretty largely emerged from that stage today, however. They now believe that men and women need to accept each other as individuals with different capacities and potentialities. The more traditional, self-conscious awareness that each belongs to the "opposite sex" is a hampering attitude. They realize that each sex has an important and unique contribution to make to family and social life. This is an important element in a more satisfactory attitude. It enables both men and women to gain their personal satisfaction and prestige from their own contributions, rather than at the expense of members of the other sex.

The area of masculine-feminine understanding is one of our frontiers in developing improved relations between the sexes.



U. S. Army photograph

CHARACTER GUIDANCE IN THE ARMED FORCES

by Lt. Col. (Chaplain) Martin H. Scharlemann

The character guidance program, as it is presently set up in the Army and Air Force, dates back to the fall of 1946 when the first experimental unit in universal military training was created at Fort Knox. The blueprints for that course included talks by the chaplains on citizenship and morality. These instructional periods were part of the regular training program. That was the distinctive feature in the origin of the present program.

At that time, we did not use the expression "character guidance." This term did not develop until August, 1948, when the Army published its Circular 231, followed by Air Force Regulation 35-31, in November. From that time forward, the program has been known as character guidance.

In order to understand the full significance, it is necessary to begin with a few definitions.

The term "character," as you can well imagine, has many meanings. The word can be used in a morally neutral sense. As such, it would signify that each one has his own particular and peculiar

Speech before the Texas Welfare Association, November 17, 1950, at San Antonio, Texas.

character, which makes him different from everyone else. We also use the word "character" in such expressions as "He is quite a character," meaning that there is something peculiar and queer about an individual. Recently someone remarked that "character" in this sense signifies "a jerk with a personality."

So far as the present program is concerned, "character" has a very specific meaning. It is morally positive. It connotes "the organization of life around a central loyalty which has moral worth and validity." We use the word "organization" to point out that character is something a man can achieve, that he can work at. There are definite organizing principles which, when properly applied, create and strengthen character.

A Central Loyalty

Character is possible because human beings are so created that they can have a central loyalty, a personal faith, if you wish. Now, not every central loyalty has moral worth and validity. Selfishness as the master-switch to an individual's life is utterly immoral. Character is not developed, therefore, by organizing life around that kind of principle.

Speaking of organizing, we might liken the formation of character to the building of an arch. An architect's arch is a heap of stone until and unless it is organized and grouped around a keystone. The keystone holds the pattern together. So it is with life. Unless there is some keystone conviction by which experience is organized, the individual remains little more than "a bundle of feelings."

The development of character, then, is more than a problem in addition. We cannot say that honesty plus tact plus courage plus integrity equals character. Something is added by the presence of a central loyalty.

That is why those psychologists who speak of character at all sometimes describe it as a "clustering of traits." A cluster is organized. It has a central stem, around which everything else is grouped.

In the military's character guidance program, therefore, we stress the fact that virtues should be developed by loyalty to a personal conviction. It is not sufficient to be honest out of fear of the consequences for being dishonest. A man must be honest from some central motivation in life. He must choose to act honestly because of personal principle. Then, and then alone, does he develop character. Character, then, becomes domination of life by principle.

In passing, we may note that so far as this program is concerned, the central loyalty we want to inculcate is a devotion to freedom.

Just how this is connected with character guidance we shall see a little later on.

The term "guidance" is taken from the field of education, where it means setting forth certain principles and then applying them to the individual or, rather, training the individual so that he applies them to himself. We are concerned, therefore, in the Armed Forces' character guidance program less with doing something for the serviceman and more with doing something about him.

Can He Say No?

It is one thing to suppress vice. It is quite another to develop the kind of person who, in a situation of temptation, has the moral understanding and backbone to say "No!" Very frankly, we are more concerned with this latter goal than with the former.

Naturally, environment does play a part, and that is why the American Social Hygiene Association is vitally interested in the character guidance program of the military. However, so far as the Army and Air Force are concerned, the emphasis of the program is very heavy on moral guidance of the individual.

We do not need to spend any time on the term "program." Its use merely underlines the fact that this is a concerted effort by the whole Army and the whole Air Force to duplicate, so far as the

*Environment
does
play
a part.*

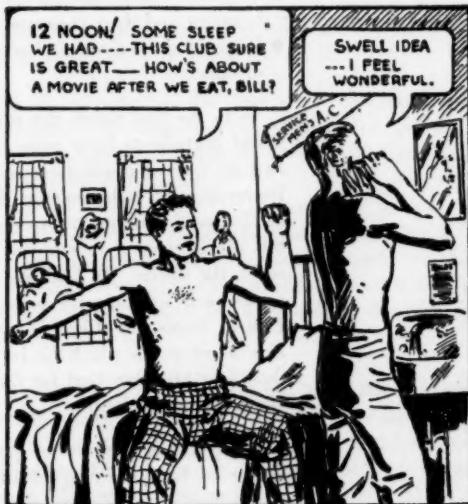


military situation will permit, the wholesome influences of home and community. A great many people are connected with the program.

At the moment, I am concerned primarily with the contribution people make to this program by their interest. We have already indicated that when the basic idea of character guidance was implemented at UMT, the chaplain was put on the training team. This was done at the express desire of General Devine, who clearly understood that military training involves the training of the whole man.

In an article of his entitled "What Is A Tough Soldier?" based on his own observation and experiences, General Devine has set forth his general approach to character guidance. There he says, "There is no reason why the behavior standards, both moral and ethical, of a group of soldiers should not be as high as, or higher than, those of a comparable group of men anywhere in the world. The average young soldier wants to do the right thing, and he will do it if he knows what it is . . . What he needs, more often than not, is proper guidance and proper leadership, with a strong hand on the reins." Then he goes on to say that "the chaplain's weekly hour is at the heart of the character guidance program." It is this element in the character guidance program that I am most concerned with right now.

Young
soldiers
want
to do
the right
thing.



To make it possible for the chaplain to carry out this part of the program, there has been prepared for him a series of 80 instructional units called "The Chaplain's Hour." These cover the principles of morality as they apply to citizenship. Just now this whole series of lectures is being prepared for printing and distribution in six manuals appearing under the signature of General Marshall, as Secretary of Defense. In other words, they have become the doctrine of the military establishment.

So far, we have discussed the definitions which go into an understanding of the character guidance program. We must now give some thought to the objective of this effort. The character guidance program has one major purpose, to develop within the individual a sense of responsibility.

This was selected as the primary objective of the program because the chief problem with which all of us have to reckon is the attitude which says, "Let George do it." We are harassed on every side by the philosophy of excuse and need more of an appreciation of individual responsibility to preserve our free way of life.

To achieve its primary objective, the military's character guidance program inculcates four truths. These might be called the four sides of the sense of responsibility. They are the following:

- The individual must understand the moral fiber of the nation.
- He must be aware of the moral opportunities and obligations of the military profession.
- He must understand the connection between personal attitudes, behavior and their consequences.
- He must show a sense of service and sacrifice in the performance of duty.

As to the first point, the program is at pains to point out what moral ingredients have gone into the creation of our way of life. Just by way of illustration, we might point to the fact that in the Declaration of Independence there are no less than five references to God as the author of freedom. Moreover, to give expression to this moral element in our way of life, we have on the coin of the realm the words, "In God We Trust." Furthermore, our Congress opens each session with prayer. Each year the President of the United States, as Chief Executive, issues a Thanksgiving Day Proclamation, in which he invites us all on a certain day to give thanks to Almighty God for the blessings of the past and to implore His help for the future.

These things need to be pointed out to be appreciated. As a matter of fact, our way of life is incomprehensible without some recognition of these particular facts.

As to the second item, the moral obligations and opportunities of the military profession, the serviceman needs to be reminded of the nature of his service. By his very job, he stands between anarchy and order. He stands at the frontier. The frontier is not a geographic line only. Society is always in contact with its enemies, and wherever the social order threatens to break down, there you will find the serviceman. This strikes us as particularly important today, since we are confronted in this so-called "cold war" by experts in anarchy.

What's more, the serviceman is a pioneer. He is always creating something new. It is remarkable how much in our way of life has had its source in the activities of the military. There is the conquest of malaria, the building of the Panama Canal, the use of sulpha drugs, and even the invention of the windshield wiper. All of these, chosen quite at random, are the result of pioneering by the military establishment.

The serviceman, moreover, is a defender of the weak and downtrodden. It is something of a paradox, that, on the one hand, the serviceman is trained to take life in defense of self, but that, on the other hand, he makes it his business to help the oppressed.

Authority

The character guidance program also points to the fact that the serviceman lives under authority. This concept of authority is often not well understood, but it needs to be, and so the teaching side of the character guidance program is concerned with depicting the nature and function of authority in a free way of life.

Then, of course, the program is also very much concerned with pointing out the connection between personal attitudes and their consequences and character. The fearful thing about human life is that wrong attitudes destroy character.

We spend much time in the character guidance program teaching that, as there are laws in physics and chemistry, so there are laws of human behavior. However, we hasten to add that in the case of human beings these laws can always be disobeyed, to the harm of the individual.

Then, finally, to develop a sense of responsibility, the character guidance program is concerned with the matter of showing a spirit of service and sacrifice on the job. That, in a sense, is the sense of responsibility. A man with a sense of duty will not walk off his job at 5:00 o'clock if the work requires him to stay till 5:15.

Because of the world-wide commitments of the United States, doing one's duty may require a great deal of service and sacrifice, particularly in personal convenience. But that is part of the sense of responsibility.

A responsible person, as you are aware, is one who does not cut himself off from the rest of humanity as though he were an island. On the contrary, a responsible person is very much concerned with what has gone before him, with what is going on around him, and with what shall follow him.

You may ask how this sense of responsibility is related to the devotion of freedom which is the keystone conviction the program tries to inculcate. These two are two sides of the same coin. A devotion to freedom put to work is the sense of responsibility. In other words, the sense of responsibility is the devotion to freedom in practice. It is in this sense that the objective of the program, the developing of a sense of responsibility, is at the same time character building. For it does inculcate a central loyalty around which life can be organized.



*Freedom
to choose
rightly
fosters
character
growth.*

Perhaps, in passing, it should be noted that freedom, and freedom only, makes character possible. The individual must have room to choose, and that elbow-room is what we call freedom. Putting it another way, we might say that freedom is what I do with my choices. As I choose from step to step, I either strengthen or weaken my character, depending on the nature of the choices I make.

No one has more clearly described the connection between freedom and character than Dostoevsky in his "House of the Dead." Dostoevsky was in his day a liberal. For his pains he was sent to Siberia, to prison. He later escaped to tell of his experiences. He described how the characters of individual people gradually disintegrated because they had no choices to make. They got up when they were ordered to, they ate what was put before them, they did whatever was required by command. Although physically present to do a certain amount of work each day, these people were in fact dead. They had lost that which made them persons, their characters. Hence the title of the book.

Freedom

We cannot emphasize too strongly that the character guidance program is concerned with the idol of freedom, particularly as it affects character. This is of special significance today, because the world-wide conflict in which we are engaged today is concerned with the nature of freedom.

On the other hand, there is communism, which says that freedom is my right to do what I have to do. This gives me no choice, except to follow the party line. Engels once put it like this, "Liberty is the knowledge of necessity." That is to say, a communist is under obligation to find out what is required of him in a given situation by the party. Then he must do what is necessary. That is the extent of his freedom.

Oughtness

In our traditions, freedom is my opportunity to do what I ought to do. The word "ought" does two things. It points to the fact that there are certain basic moral principles which are binding on human conduct. Moreover, it makes the following of these principles the responsibility of the individual.

Liberty under Law

Unfortunately, we are handicapped on our side by that other conception of freedom which thinks of it as, "My right to do as I jolly well please." This attitude, of course, is a frank denial of unchanging principles. It sets out to destroy every notion of "oughtness." That can make only for social anarchy. We repeat, therefore, in conclusion, that the character guidance program is much concerned with this matter of freedom. It is intended as a contribution to the cause of "Liberty under Law."

SOCIAL TREATMENT OF THE SEXUALLY PROMISCUOUS

by Thomas E. Connolly



Although we have accomplished a great deal in the repression of prostitution and promiscuity and in the medical treatment of the venereal diseases, it is evident that we have not done enough. Prostitution, promiscuity and VD are only the outward manifestations of basic community and individual needs.

Venereal disease is a social problem with a medical aspect whose real roots lie in social lacks and personal maladjustments. If we are to make effective progress against VD, we must attack its antecedents.

Thus, as methods of attacking evils *per se* and the sources of venereal disease, the prevention of sexual promiscuity and the redirection of the sexually promiscuous are the responsibilities of the police, health, welfare and other agencies concerned with the well-being of our people. They are community-wide responsibilities, and we should handle them as such.

Statement of Problem

During World War II, often in the interest of reducing venereal disease, we did considerable work in the study and treatment of promiscuous persons brought to the attention of research and treatment organizations by law enforcement agencies, courts, health departments, welfare agencies and individuals. We did enough to demonstrate that there are certain fundamental causes of sexual promiscuity and that we can successfully combat these causes and their effects.

We also learned that we can redirect those known as the sexually promiscuous into socially desirable and productive lives. There are no unalterable patterns of causes and treatments, but there is enough information to indicate beyond doubt some of the causes and some of the successful methods of treatment.

Purpose of This Outline

- It is a medium for the circulation of information on the causes of sexual promiscuity and the methods of treatment.
- I hope the outline will be of assistance to communities in evaluating and improving their present resources for social treatment in the courts, law enforcement and welfare agencies, health departments and other public and private organizations.
- The experience of other communities may aid municipalities in the creation of temporary programs and agencies to meet and demonstrate a need until official, already-established agencies can adequately expand or readjust to meet it.
- Above all, I hope the outline will encourage and assist those working with the sexually promiscuous.

Causes of Sexual Promiscuity

The fallacy that the typical sex delinquent is impelled by deep-seated emotional needs to seek satisfaction in promiscuity has impeded progress in behalf of the promiscuous girl. Her needs have seemed to be beyond the reach of case work treatment.

Case histories and psychiatric studies reveal that the number of girls who are psychological delinquents is comparatively small. Girls do not set up promiscuity as a goal to attain. Instead, they drift into it through pressure of circumstances or environment and for a variety of social, economic and emotional reasons.

Scientifically, sexual promiscuity is an abstract term for a large group of social factors and attitudes of exceedingly complex nature. There is no one type of sex delinquent.

Sexual promiscuity is not a condition in itself, but is part of a total situation that includes the individual, his home and his community. By the same token, the sexually promiscuous person is not an unredicitable, pathological criminal fit only for punishment and incarceration.

Human beings are subject to continual pressure of one sort or another, their behavior determined by the interplay of many factors upon their physical makeup, mental ability and emotional content. The actions of the person who is sexually promiscuous are the results of pressures just as are those of the person who is not sexually promiscuous. The difference in end-results depends on whether the pressures are assets or liabilities and on the often alterable capabilities of the individual.

Sexual promiscuity does not occur exclusively in any one age, race, social or intellectual group. Nor is it a problem primarily of

women, although physiological factors and differences in social tolerances may make it appear so.

Since we know that pressures determine the individual's actions, they require study. First, it is necessary to determine what they are and then what we can do to eradicate them or to redirect their influences toward the desirable development of the individual. It is understood, of course, that the following list of factors is not inclusive and that at any time in any one person one or more may cause unacceptable behavior.

Family and Personal Factors

Family Climate. Studies show that many of the sexually promiscuous come from unhappy homes. Redirection must take into account behavior patterns fixed in earlier years in indifferent, undesirable or inadequate homes.



Emotional Immaturity. This is one of the most frequent causes of sexual promiscuity. The child secure in the affection of those about him becomes the adult capable of loving and being loved, fully developed emotionally. The individual is dependent upon others for emotional development, and the home lacking one parent or both is seriously handicapped in performing its function of providing security and thus of helping the child grow emotionally.

Mental Deficiencies. Some of the sexually promiscuous are mentally defective. Present statistics are inadequate and tend to be misleading, since the mentally inferior person is more likely to come to the attention of the community and its agencies. Redirection is not impossible with this group.

Physical Disorders and Handicaps. These definitely contribute to sexual promiscuity. Adequate compensations for apparent handicaps and physical unattractiveness, as well as medical care for hidden disorders, are essential to the directive process.

Social Factors

Community Attitudes. A community which fails to give its children what they should have as children creates sex delinquents.

Often, the sexually promiscuous person is one whose community has failed to provide for his physical and emotional needs. He has not felt socially or economically acceptable. Many repeaters are the results of indifferent communities which fail to assume their social responsibilities.

Economic Insecurity. Essential to a wholesome environment is freedom from want. Economic pressures in the form of inadequate incomes, with resulting substandard food, shelter and clothing, are definitely causes of sexual promiscuity. The lack of adequate satisfactions resulting from unsuitable employment leads to a frustration often manifesting itself in promiscuity. The "one-third of a nation" figures have a real and tragic significance in sexual promiscuity.

Housing and Environmental Conditions. Although bad housing is often a corollary of economic insecurity and in itself is not a direct cause of sexual promiscuity, its characteristics are a cause. The lack of privacy, frictions and thwarted personal development resulting from overcrowding, and the usual slum location of bad housing, are causative.

Recreation. To say that "man does not live by bread alone" is to be trite perhaps, but truthful. The failure of a community to provide satisfying recreation sometimes causes sexual promiscuity. Often, the sexually promiscuous person is one whose leisure time was not spent in constructive, self-satisfying activities, but in destructive pursuits or in a passive state.

Schools. Inflexible school programs which create discouraged students on the one hand and bored children on the other contribute to sexual promiscuity. The school program designed for the "average child" meets the needs of none. Vocational and manual training and personalized teaching and guidance are essential to flexibility.

Sex Education. This is our day's most critical problem in human relations. A repressive attitude toward sex education by parents, schools and communities results in misinformation, lack of information, and an unnatural, unhealthy attitude on the part of the child. Repressive methods of handling sex matters in the home frequently contribute to promiscuity, according to the findings of the San Francisco Clinic study.

Character-Building Forces. Character develops in the home and community. A lack of insulation against the incentives to unsocial behavior created by an absence of a proper scale of values is a cause of promiscuity. A sound sense of values derives largely from examples in living set by other persons in the home and community.

Protective Measures. Mental defectives are in need of more protective care from the community than others. However, it is the

responsibility of the community to reduce the number and influence of pressures toward promiscuity on its citizens. A community which permits the existence of trouble-spots and the exploitation of individuals for sexual purposes creates sex delinquents.

Treatment of the Sexually Promiscuous

To facilitate this discussion, it has seemed wise to subdivide it into sections devoted to the several agencies in a community with which the sexually promiscuous may come in contact. In addition, there are certain techniques and attitudes which should be common to representatives of all agencies working with the sexually promiscuous.

Police Departments. The police department is one of the contacts the sexually promiscuous has with the official family of the community. It is essential that this agency intelligently assume and carry out its responsibility in the preventive and social treatment process.

More and more police departments are establishing the goal of effective preventive work. In many communities, trained police-women represent the department in its work with the sexually promiscuous. This has been most successful, and it is hoped that more communities will follow suit.

In addition to preventive patrolling of trouble-spots in the community, policewomen can accomplish much with an interview or warning. If such is indicated, they can refer cases to the appropriate agency, along with all pertinent information.

Policemen or policewomen dealing with the sexually promiscuous should keep themselves advised of other community agencies equipped to help the sexually promiscuous and should know how to use their services. They should avail themselves of these facilities, particularly the Central Index, as much as possible so that they will have the most complete information possible on the case in question.

Courts. Especially in juvenile and women's courts, the courts can, and in many areas do, play a significant role in the redirection of the sexually promiscuous. In the handling of such cases, it is essential that the judiciary of a community recognize them as a community responsibility and not attempt to shift the burden to some other community. The short-sighted policy of issuing "floaters," or suspended sentences, has done much to make the solution of the problem more difficult and the maladjustment of the individual greater.

It is highly desirable that the judge have adequate and effective probation service, or the help of a social agency, for pre-trial or

pre-sentence investigation of the case. With complete knowledge of the causes of the individual's trouble, he will be in a position to make an intelligent disposition of the case which can result in the rehabilitation of the person.

Modern systems of probation and parole and competent personnel to implement them are essential to the redirective process. The post-confinement period is critical, and the proper relocation of an individual in a satisfactory economic and social environment is essential.

Whether the particular case calls for probation or custodial care, the judge should use all the constructive facilities of the community, so that the result can be the redirection of the individual's behavior.

Health Departments. As I have said, venereal disease is one of the results of promiscuity. Therefore, in their case-finding and treatment programs, health departments come in contact with large numbers of sexually promiscuous individuals.

In terms of the number of cases alone, health departments can contribute much to a social treatment program, either through medical social workers on the health department staff or through preliminary interview and intelligent referral to psychiatric services or appropriate social work agencies. Services in clinics or treatment centers should include assistance to patients on personal or social problems and rehabilitation.

*Case-finding,
treatment and
social rehabilitation
are health
department functions.*



Alleviation of any emotional disturbance in the patient's mind over the fact or fear of having a venereal disease is the responsibility of the health department, which should completely allay such an upset before releasing the patient or referring him to another agency.

The health department also is responsible for the patient's sex instruction and for providing adequate information on venereal diseases. In many instances, the patient is beyond school age, and the health department is the one source of accurate, readily available information.

Social Welfare Agencies. The role of the welfare agency in the community social treatment picture varies depending upon the local situation. However, there are certain responsibilities which logically rest upon a social agency, public or private.

It is the responsibility of social agencies to interpret to others dealing with the sexually promiscuous—including the police, courts, penal or reformatory institutions and health departments—the nature of their services and to stimulate a willingness to use them. Also, social agencies should carry on a large part of the education of the community on the causes and treatment of sexual promiscuity.

It is usually most appropriate for a social agency to establish a Central Index of cases and to maintain an adequate referral system. Accurate, rapid referral is essential to effective social treatment.

Social agencies supplement the police, courts, health groups, correctional institutions, and probation and parole agencies without overlapping them. Both public and private organizations have a valuable service to perform in the field of protective case work for the sexually promiscuous. This often requires cooperative action and a willingness on the part of the agencies to take the initiative. The latter is especially true, since the sexually promiscuous are not prone, because of their emotional problems, to ask for help.

Family agencies should provide case work services on a demonstration basis and with a view to ultimate assumption of this responsibility by more and more of the official agencies.

Schools. Early identification of those in need of social service is of paramount importance, and the school is the most logical place for early detection of individual and social maladjustment. Unfortunately, many areas ignore or inadequately perform two functions in the social treatment process which should be peculiar to the schools. (Part of the responsibility for this failure rests with the educational system, the remainder with the community which refuses to allow the school to assume its rightful role.)

The first obligation is inclusion in the school curriculum of adequate material on health and family life education and instruction in health and human relations for parents and other adults. The material should be integrated with other subjects, so that it receives no spectacular emphasis and so that its relationship to the general problems of living is apparent.

The second responsibility is the establishment, either in the school or through effective referral to an appropriate agency, of an intelligent program of counseling and guidance in social behavior

and living. The former plan seems the more practical and appropriate, since the school should provide education for life, not merely an academic diploma. Child welfare workers and a PTA are also essential.

The role of the school is very important because of its intensive contact with young people during their formative years. Also, in many instances the high school is the individual's last contact with formal education. Its approach should be positive, emphasizing the importance of family life, of healthy minds in healthy bodies, and of communities free from degrading, disease-spreading areas.

Institutions. Many of the sexually promiscuous need some kind of institutional care. When such need exists, we should recognize it and meet it as rapidly as possible.

There are several types of institutional service that may be of value:

- Temporary housing as an emergency measure is of particular importance in the post-jail adjustment period. It is also of value in temporarily removing individuals from undesirable home conditions or family relationships.
- Institutional care for an indefinite period of retraining and redirection is important before an offense warrants a prison sentence. Such care should consist of more than the teaching of a trade. It should provide a homelike environment. It should emphasize the future and should build on constructive redirection and group living. Its purpose is to equip the individual for economic and social well-being in a controlled community which gives special attention to increasing the individual's social, physical and mental capabilities.
- Hospitalization is necessary for the psychotic who cannot be helped by case work or institutional redirection.
- Protective institutional care for mental defectives is necessary for those incapable of acceptable community living because of irreparable mental defects.
- Social case work services should be available in institutions as integral parts of the rehabilitation program and in parole departments to provide supervision for the sexually promiscuous discharged from institutions.

Additional Agencies. In many communities there may be other agencies which can play a part in social treatment. In some instances they may be organized or included in the treatment picture to meet specified or emergency needs.

We should use all that can perform a service. However, experience has indicated the preferability of expanding the functions or improving the operations of existing agencies. Such a course leads to a more stable and enduring pattern of community action than does the hasty establishment of new agencies.

Communities feeling the effects of industrial expansion and those visited by substantial numbers of servicemen and women should consider the desirability of setting up a social protection committee under the Council of Social Agencies or Planning Council or under the auspices of some other appropriate community agency. This committee should be responsible for working out relationships between the several agencies in the handling of the sexually promiscuous. It should set up procedures for referral from police and health officers to other public and private agencies where indicated. To stimulate community interest in closing the gaps in service, it should keep a current picture of the situation and of needs which are not being met.



Inter-Agency Relationships. A social treatment program is a responsibility of the entire community. The citizens must provide understanding and appreciation; these can come only after the causes and methods of treating promiscuity are intelligently publicized. The agencies and organizations must provide service, assume their individual responsibilities and cooperate with one another.

However, mere desire to cooperate is not enough. The agencies must set up effective channels for referrals, interchange of information and joint planning. Unfortunately, these are lacking in many places at the present time, because of traditional jealousies, apathy and ignorance.

It is the duty of all concerned to bring about the creation of the spirit and procedures of cooperation. Much of the initial responsibility for this rests with the chief administrator of the community, the mayor or city manager. He can best fulfill this responsibility by forming a planning and coordinating council of agencies and individuals concerned. His leadership can do much to insure the

spirit and practice of cooperation. The details, of course, are the function of the participating agencies.

Individual Case Worker. This section is devoted to the individual who deals with the sexually promiscuous. Regardless of what agency he represents, he has certain problems and techniques and a certain philosophy and understanding of sexual promiscuity.

He must have faith in human nature and a sympathetic understanding of its frailties. He must be able to analyze people and to inspire trust and independence. He must be capable of understanding the needs of the individual and of helping him.

In general, the social worker's task is to help the sexually promiscuous adjust to the patterns the community approves and to feel that they have a place in the scheme of things and are wanted, in fact needed, in that place.

Case workers must not be afraid to work with prostitutes and other sexually promiscuous persons. The backgrounds of these individuals are similar to those of other people who get into other kinds of trouble. Promiscuity happens to be the way in which they express their difficulties. Time and patience are needed to get a real understanding of their problems and of the way in which they can be helped; relapses are to be expected and should be no cause for discouragement. The able case worker can render a real service to the sexually promiscuous.

Their great need is for immediate, personalized help. The number of contacts in the treatment process should be kept at a minimum. What referrals there are should be expedited, for it is essential that the sexually promiscuous feel he or she is a person, not a case.

The case worker must know the whole community, its problems and its resources, and must use this knowledge and understanding in assisting the promiscuous to readjust to the community patterns.

What Communities Are Doing About Social Treatment

Social treatment is in its formative stages. Some of the work now carried on is experimental, and our knowledge of effective methods of treatment is constantly increasing.

However, some communities are leading the way, and their methods and findings should be of assistance to others. First, they are improving and expanding the contributions of existing public agencies, those which in the ordinary course of events come in contact with the sexually promiscuous. Since this constitutes the

ultimate, desirable, long-run social treatment pattern, its development and operation is of primary importance. San Francisco and New York City are the leaders here.

Many areas have established experimental demonstration projects to illustrate techniques and to dramatize and publicize the problems and needs of the community. As such, they fulfill a valuable, short-run service.

Legal Treatment Agencies

The women's courts or divisions and juvenile courts are maintaining a considerable work for the social treatment of the sexually promiscuous. Many of these courts give mental and physical examinations, provide social investigations by trained probation officers, and offer effective probationary supervision as well as carefully weighed treatment plans in terms of intramural care and training. Adequate detention homes are an integral part of such facilities, and public and private social agencies supplement the court's work.

Many localities, however, either do not have such courts or they are inadequately set up and staffed, and the need here is for community organization and improvement.

Organizing for Treatment

Since this discussion is to assist the officials—particularly mayors and city managers responsible for the administration of public policies and institutions—it should include criteria by which to determine whether the legally constituted agencies of the community are performing their roles in the social treatment process in an adequate manner.

Police Departments. They should have on their staffs professionally trained policewomen who, in addition to interviewing and giving warnings and limited service, refer the sexually promiscuous to other appropriate agencies. It is particularly important that the entire police department understand and agree completely on objectives and methods and that all its elements cooperate in carrying out approved procedures.

Courts. The courts of a community should accept their cases as *their* responsibility and should not attempt to shift them to other communities through "floaters" and suspended sentences. Judges should have personnel either on their own staff or from a social agency to provide them with adequate pre-sentence investigations and information.

Mental and physical examinations should be a part of the pre-sentence study, and the presence of a disease, particularly venereal, should not be considered evidence of a crime.

There should be an adequate, scientific system of probation, administered by competent, trained personnel. There should be adequate juvenile and women's courts and detention facilities, staffed with competent personnel, so that the disposition of cases will be intelligent and sympathetic and any confinement will be constructive and redirective.

Venereal Disease Clinic. Any clinic handling venereal disease cases should make available, either through its own medical social workers or through referral to social agencies, services for the social treatment of patients. This is in addition to sex education and dissemination of information on VD, which are its specific responsibilities.

Institutions. There should be available to communities institutions which will contribute to the social treatment program by providing an ordered, conditioned community life for the sexually promiscuous. In such an atmosphere, the promiscuous may be redirected and assisted in developing the ability to live a socially acceptable and productive life. Institutions for individuals incapable of extramural community living should also be available. Here again, adequate facilities and trained, sympathetic personnel are essential.

Parole. Adequate programs of parole and post-confinement supervision are integral parts of a social treatment program. Competent personnel should be available to assist the sexually promiscuous in making their final readjustments to the problems of community living.

Preventive Measures

Thus far in this discussion of social treatment we have emphasized the remedial activities of several community agencies. There is also the very important function of redirecting, *before* they cause promiscuity, the interplay of pressures on the individual. Naturally, many of the agencies and techniques used in treatment are involved also in prevention, their activity differing only in timing.

There is no substitute for early inculcation of basic concepts of morality nor for early development of spiritual values and spiritual orientation for the individual. Hence, the church has a prime responsibility to assist parents in understanding how they can effect moral and spiritual development of their children; for pointing up the role of parents in providing a home in which family prayer,

complete family church attendance, and an atmosphere conducive to the positive development of virtue are part and parcel of everyday living.



*Churches
have a
prime
responsibility.*

The opportunities of the church in providing preventive as well as rehabilitative measures in regard to promiscuity are not limited to Sunday School classes and church services so far as older children and youth are concerned. There are less formal ways in which wise clergymen can influence young people—personal counseling; pastoral visits to homes in the parish; provision of social and recreational life on the church premises; development of clubs and discussion groups for consideration of the *values* involved in books, movies, plays, current events and day-by-day life experiences; courses in marriage preparation; courses in the responsibilities and satisfactions of marriage and family life.

The role of the school, with its programs of guidance and sex education, is a vital one, for the school is often the environment in which the mental and physical activity of the individual can be developed in such a way as to insulate against possible delinquency.

In their patrols and in the protective work of their juvenile aid bureaus, police departments can do much to eliminate or curtail the breeding-spots of delinquency. They can reduce not only the number of repeating delinquents, but also the number of first offenders. They can also help pre-delinquents and can stimulate constructive activities for young people.

The number and adequacy of desirable recreation facilities, both commercial and noncommercial, in the community have much to do with the amount of sexual promiscuity. Such facilities are a community-wide obligation, although the operating responsibility may rest on one or more agencies or individuals. They provide a medium for the development of the individual and an outlet for energy that is essential to the adjustment of a member of the community. They should offer socially desirable alternatives to unsocial behavior. To be effective, they must have intelligent leadership and adequate resources.

One must remember that they are in competition with other possible attractions for an individual's time and interest. Therefore, they must sell themselves.

In a given community there are probably other agencies and organizations which can and should provide preventive services. Self-policing programs by commercial amusement organizations are an example. All should be developed to the utmost, since the prevention of sexual promiscuity, as of other ills, is always more pleasant and less costly than cure.

We must give girls and boys a responsible part in their own affairs and activities, especially those occupying their own time. If they have some degree of choice and control in constructive outlets, teen-agers are unlikely to seek destructive activities.

The job of preventing promiscuity is a job of all the community's agencies and citizens. Interchange of information, joint handling of specific problems and general coordination of effort are essential. We must attack the problem of sexual promiscuity from every angle, with community organization, education, clinical methods, guidance programs, police protection, boys' and girls' clubs, and recreation.

Summary

The social treatment of the sexually promiscuous will probably never lend itself to a stereotyped cataloging of causes and methods, since human beings and their intangible qualities are the content. However, we have made enough progress to know that there are certain identifiable causes of sexual promiscuity whose effects we can eradicate, modify or redirect.

We also have demonstrated that even with our present knowledge we can successfully redirect the promiscuous into socially acceptable and productive ways of living.

In addition, we have shown that a community with adequate preventive and protective programs—in its schools, law enforcement agencies, recreation facilities and other institutions—can do much to prevent sexual promiscuity. Treatment of the pre-delinquent is far easier and more effective than redirection of a post-delinquent.

Thus, while a community should create adequate facilities for the treatment of the promiscuous, it should improve community life to prevent the development of promiscuity.

If we slightly paraphrase the statement of G. Aschaffenburg in *Crime and Its Repression*, we note that

"Every measure that helps to make the people physically, mentally and economically healthier is a weapon in the struggle against sexual promiscuity."



The Police Role in Contact Investigation

by Nicholas J. Fiumara, M.D., M.P.H.

Five Years' Experience with the Boston Police Department

Contact investigation is one of the most fruitful methods of case-finding. The studies of the North Carolina group show that in infectious syphilis in the female, contact investigation is by far the most important case-finding procedure. The objective of contact investigation—the bringing to medical observation of the contact or contacts of a patient with venereal disease—can be accomplished successfully only when the health officer has at his disposal all the resources of the community.

Contact investigation actually begins with the interview with the patient. This phase of contact investigation has a two-fold purpose:

- The identification of all the patient's pertinent contacts. By "pertinent contacts" is meant all those individuals to whom the patient was exposed during the maximum incubation period of the disease, and those whom the patient exposed since the onset of symptoms up to the moment treatment could be expected to be effective.¹
- The re-education of the patient. This phase of contact interviewing ascertains not only how much the patient knows about his venereal disease, but also what he doesn't know and should.

On completion of the interview, the work of locating the contact begins. Whether we are successful in this depends to a great extent

¹ Fiumara, N. J., M.D., M.P.H.: *Ten Principles of Contact Interviewing*. Journal of Social Hygiene, October, 1949.

on the adequacy or inadequacy of the contact data.² If the contact data are adequate, then very little or no difficulty should be encountered in finding the contact, provided the information secured is reliable and true.

As is too often the case, inadequate and meagre contact information has been obtained, and then the skill of the epidemiologist is taxed. Here is an example of shoe-leather epidemiology put to its severest test. Only when every resource in the community is exhausted should the health officer be glumly satisfied that this contact cannot be located.

Policies and Procedures

This paper describes our experiences with the Boston Police Department in locating—not apprehending—contacts of patients from whom inadequate contact data has been obtained. It is the policy of the Health Department to request the assistance of the police in the following instances:

- Whenever our epidemiologists fail to locate such contacts.
- Whenever a contact is known by name, nickname or description at the places mentioned by the patient, but who for one reason or another has failed to keep appointments with the epidemiologist for an interview and has not reappeared at the aforementioned places.

Therefore, contacts of venereal disease patients are referred to the police department in order to obtain the service of these specialized investigators in locating poorly described contacts and in making them available for an interview. Police officers, and particularly policewomen, constantly patrol and visit establishments which these contacts may frequent.

During the course of their preventive patrols, particularly at night, policemen and policewomen have frequent occasions to question young boys and girls found on the streets or in less desirable places. Their observations at places of entertainment, their interviews with individuals, particularly women, frequently at questionable bars, nightclubs, etc., give them a unique opportunity to locate the venereal disease contacts referred to them.

In addition, they frequently have sources of information not in the possession of the health officer. Once these contacts are located,

² Fiumara, N. J., M.D., M.P.H.: *Describing a Contact of Venereal Disease*. American Journal of Syphilis, Gonorrhea, & Venereal Diseases: 33:380-388: July, 1949.

identified and referred to the health officer, the activity of the police department ceases.

From 1945 to 1949, a total of 2,507 cases was referred to the Boston police for assistance. With the exception of 11, all cases so referred were females. These cases represent contacts of venereal disease patients whom our epidemiologists failed to identify and locate.

When the reports of these failures are received in our office, they are critically examined by one of the nurse-supervisors to determine whether all possible leads have been exhausted. If not, the case is referred back to the nurse-epidemiologist with pertinent suggestions or investigated by the supervisor herself. However, should the supervisor find that all possible clues as to the identity and whereabouts of the contact have been run down without success and there is no additional information available from the patient, then, and only then, she recommends that the case be sent to the police.

The case record is thereupon reviewed by the director of the Division of Venereal Diseases, and on his consent and approval a letter is sent to the Boston Police Commissioner asking that he assist in identifying and locating these contacts. A sample letter follows:

My dear Mr. Sullivan:

In our investigation of infections among the Armed Forces and clinic patients, we have been given the following information:

1. A white clinic patient names as his contact a girl whom he picked up in the —— Cafe, Boston. Exposure occurred on February 5, 1949, in a rooming house near the cafe. He did not pay her. Her name is Violet, address given as a rooming house near the above-mentioned cafe. He describes her as white, age 44, average height, medium build, with light hair parted in the middle and curled on the ends. Our epidemiologist was unable to locate this girl.

*He
picks up
a girl
in a cafe.*



2. A colored sailor names as his contact a girl whom he picked up in a restaurant next to the —— Theater, Boston. This was found to be the —— Restaurant. Exposure occurred on June

10, 1950, in the —— Hotel, Boston. He did not pay her. Her name is Jeanie, and he describes her as white, age 22, tall, medium build, with dark hair. Our epidemiologist visited the above-mentioned restaurant and talked with the manager and waitresses but was unable to locate this girl.

We would appreciate any information which you might make available to us to assist in locating the above persons for interview.

Very truly yours,



*The epidemiologist
finds the cases
to be examined.*

It is important to remember that at this stage in our investigation there is no alternative, other than the police, but to close the case as unsuccessful. Re-interviews of the patients and investigations of community resources have failed to add any further clues. Our epidemiologists have failed to identify and locate these individuals. The police represent, then, the last step in our epidemiological investigation.

Police Action

When our letter of request for assistance arrives at Commissioner Sullivan's office, copies are immediately made and sent to the police-women of the Crime Prevention Bureau, to the Special Service Squad and to the Probation Office.

Copies are also sent to the division captains where the contact is said to live (if known) and/or, as is most often the case, where the encounter and/or exposure took place. At roll call, the division captain reads his communication from the commissioner describing the information known about this contact.

These actions mobilize literally hundreds of alert and trained men and women to be on the lookout for our unknown or missing contact. In addition, one or more officers are specially detailed to investigate and report back to the division captain. In the Crime Prevention Bureau, the police-women are given copies of our communication, and during their patrols they talk to bartenders, waitresses, managers, etc., attempting to learn the identity and address of the contact.

When the policemen and policewomen discover these individuals, the following steps are taken:

- The contact's full name and address is taken.
- The contact is advised to go immediately to one of the State Cooperating Clinics for an examination. These clinics are located in the outpatient departments of six Boston hospitals. For the convenience of the police, a pocket-size pamphlet has been prepared which has the location of these clinics and the clinic hours.
- A full report is started up through the chain of command to the Commissioner by the policeman or woman.
- A letter from the Commissioner to the director of the Division of Venereal Diseases reports the result of the investigation.

A typical action report follows:

MEMORANDUM

Subject: Health Department
Communication.

To: Supt. _____
From: Capt. _____
Date: _____

With reference to the attached communication received by the Police Commissioner from Dr. Fiumara, State Department of Public Health, in which are enumerated several cases of infections as a result of contact with women in this city, I respectfully report as follows:

Item 1: Item 1 of the communication refers to a girl named Violet. Sgt. John —— found a girl in the —— Cafe mentioned in the communication who answered this general description. He identified her as Violet ——, 44 years, of 25 —— Street, Boston. She was instructed to report to the Massachusetts General Hospital for an examination.

Item 2: Item 2 of the communication refers to Jeanie, who was picked up in a restaurant next to the —— Theater, Boston. Sgt. James —— and Patrolman William —— questioned a girl in the vicinity of the theater who answered the description of the girl named. She stated that her name was Jean —— and that she lived on —— Street, Boston. She was informed by the above officers of the complaint made against her, and she stated that she would visit Dr. Fiumara's office the a.m. of July 21, 1949.

Respectfully submitted,

Results

Table 1 summarizes our experience over a five-year period. Of the 2,507 cases referred to the Boston police, 494 (or 19.7%) were identified and located by them. That they were able to identify and locate so many of these contacts, inadequately and poorly described by the patients, reflects credit to this efficient organization. No little credit belongs to the policewomen of the Crime Prevention Bureau.

One notices too that since 1945 action reports have been speeded up from an average of 38.5 days to 22.8 days without loss of efficiency.

Conclusions

The VD control officer should not be satisfied with an unsuccessful epidemiological investigation of a case of venereal disease until every resource in the community has been exhausted.

Physicians and nurses have been reluctant in the past to enlist the aid of the police in locating contacts of venereal disease for fear that punitive action would follow their disclosure of privileged information. Unfortunately, many VD workers have seen contacts prosecuted, with the result that patients refuse to divulge the name of their contacts when such ill-advised police action was known.

Our experience of the past five years shows what assistance a modern and socially-minded police department can render the health officer. The finding of 19.7% of hitherto undiscoverable contacts speaks for itself.

TABLE I
Cases Investigated by Boston Police
1945-1949
Results of Investigation and Average Number
of Days Required for Investigation

Year	Success			Failure		Average No. of Days Required for Inv.
	Total	Cases	Per Cent	Cases	Per Cent	
1945	1082	206	19.0	876	81.0	38.5 ± 2.7 (sigma)
1946	439	81	18.5	358	81.5	33.6 ± 2.6 (sigma)
1947	344	65	19.2	278	80.8	28.4 ± 1.9 (sigma)
1948	334	86	25.7	248	74.3	24.3 ± 2.7 (sigma)
1949	308	55	17.9	253	82.1	22.8 ± 1.5 (sigma)
Total	2507	494	19.7	2013	80.3	

HOW VD CONTACT INTERVIEWERS BREAK DOWN THE "NO PATIENT"

by Herman Goodman, M.D.



*The VD
nurse
is a
salesman.*

Introduction

Although the "yes" man is famed in song and story, the nurse assigned to a VD clinic finds more "no" people. They are unsung. Little effort has been given to unwinding a patient who persists in saying "no" when the very nature of his ailment is proof positive of contact with an infected person.

This is not the place to outline the essential difference in approach—the old-fashioned one emphasizing germs as the cause of recently acquired venereal disease, and the new approach—venereal diseases are acquired only by contact, either mediate or intermediate, with another human being.

The VD nurse is a salesman. The salesman meets resistance. A super-trainer of salesmen, Mr. J. George Frederick, in teaching sales techniques outlined the proper response to "no". With his gracious permission, his 25 "no" titles have been directed to social hygiene nurse interviews. They are finite suggestions to overcome "no" on the part of the patient being interviewed and to secure a valid revelation of contacts.

* Based on Chapter VI, Meeting the Prospect's "No!" in *Recapturing Lost Sales Offensive!* by J. George Frederick, published by The Business Bourse, 80 West 40 Street, N. Y. 18, N. Y.

** Dr. Goodman does not presume to speak for any local, state or federal agency.

The study of different kinds of "no" and their meaning is a study of human relationships. Each "no" acts to initiate a series of ideas in the person conducting the VD contact interview. The patient's final answer may remain "no" at the conclusion of the initial conference with a particular interviewer. It never need be nor can be utterly final for all time under all circumstances with each interviewer.

The patient's "no" must never be taken as final!

Mr. Frederick has presented a list of 25 important "no's," and the answer to meet each one of these "no's." We have revamped them to fit conditions of the VD patient interview and re-interview.

1. The Ignorance "No." All ignorance, lack of knowledge, lack of awareness, lack of information rouses fears. All fears generate negativity, repression, drawing back. Ignorance is the worst enemy of contact-naming. Ignorance indicates the presence of poor approach by the person conducting the interview, and sluggish interview technique. The ignorance "no" is best removed by seriously, determinedly applied knowledge.
2. The Loyalty "No." The patient has mistaken ideas of loyalty, faithfulness and constancy to those with whom exposure has taken place. Persistence, diplomacy and clear logic are required to overcome the loyalty "no" and to cause the patient to change on new analysis of the situation.
3. The Rationalizing "No." The patient has made up his mind long in advance. He has sufficient reasons to say nothing. He "knows" disclosure will do good to nobody. It's idle to attempt a rational approach to the rationalizing "no." An emotional appeal is best.
4. The Challenging "No." The patient wants to be shown. He has his own ideas but will change if the interviewer accepts the invitation to a contest and gives plenty of good factual material and astute arguments.
Sometimes the challenging "no" is only the desire for a good argument. Show me!
5. The Procrastinating "No." The patient has the habit of postponing action, tomorrow or day after tomorrow, but not now. The interviewer must force action by indicating its advisability and the costliness of delay. Why not now!
6. The Timidity "No." Many patients lack courage or self-confidence to expose their own individual sexual experience to any one and in particular to the person conducting the interview at the moment. The need here is for the interviewer to inspire courage or

to transfer the patient to an interviewer of the opposite sex or of another mode of approach—all in the patient's interest.

7. The Mistaken "No." Patients say "no" before they think. Then because of the mistaken "no," the ill-digested, poorly conceived reason for "no" cannot be changed without clever, able interviewing. Above all else, save face for the patient! Do not exult if the patient's "no" is changed to "yes." Reduce your own personal pride, charmingly accept as a pleasure the change in the patient from the mistaken "no" to "yes."
8. The Unhappy "No." The patient must say "no" because the cup of wretchedness is overflowing. The unhappy "no" may be reversible. A new angle of approach by the interviewer may develop mutual sympathy. Special aid, special ingenuity, special generosity on the part of the interviewer may create a situation favorable to naming contacts.
9. The Impatience "No." Quick temper, restlessness, hasty irascible temperament produce premature, impatient "no." Watch for it! Guard against it by avoiding a weak approach and wordy argument. The impatience "no" requires diplomacy, graciousness, cool temper, clear concise arguments to change "no" to "yes."
10. The Indecisive "No." Vacillating patients are constitutionally unable to decide anything, to reach any conclusion. The interviewer must supply mental and emotional assistance to bring the patient to a decision. The interviewer must supply a "clincher." It's not easy.
11. The Discomfort "No." The patient is disturbed, uneasy and distressed. The situation is just no good. Judgment was misplaced. How else is it possible to explain the present predicament? Physical conditions of the conference are not so good. The desk is exposed to view. The questioner is a female. The chair is too high or too low. The patient feels it is proper to be irritated, upset and nervous. Certainly sickness is discomfort by itself. Add the depression of discovery, the pessimistic outlook, the worry of explanation. Everything adds to discomfort "no." How to overcome the discomfort "no?" Put yourself in the other fellow's place and create an atmosphere to dissipate the discomfiture.
12. The Arbitrary "No." Because of caprice, some patients give an arbitrary "no." Argument does not help; in fact, it hinders. There's only one thing to do. Change the interviewer at the time or recapture the patient at a subsequent visit.
13. The Flippant "No." The quick trigger "no"—not serious, not studied, just "no." The interviewer must recognize the character of the person behind the flippant "no," seek "pay dirt" and acquire names by competently reviewing the facts.

14. The Indifference "No." The apathetic patient figures he "got" his . . . why bother about anyone else? Here is a high measure of indifference, imperviousness. The patient is armor-plated. He resists each and any logical effort. The indifference "no" can be broken mainly by jolts, in a startling, arresting manner, to self-interest.
15. The Fearsome "No." The frightened, fear-ridden patient faces the immediate future with pessimism, lack of confidence. The patient fears the worst. The "no" is a shivering "no," a jittery "no." The cure is transfer of confidence the interviewer must have to the patient. The fearsome "no" dissolves with the loss of fear.

*The
patient
knows.
Your job
is to
have
him
tell.*



16. The Show-Off "No." Some patients are ostentatious. Despite the evidence of their disability, they bluster, preen themselves and show their authority over themselves and the interviewer by the show-off "no." There's only one way to beat it. Go it one better and feed the expanded ego. Accept the superior vanity and overestimate the number of names the patient is capable of giving.
17. The Time-Pressure "No." Patients are in a hurry or think they are. It is important to be in a hurry. Time-pressure "no" may be legitimate—the driver has the vehicle outside or his car is double-parked. But the time-pressure "no" may just come. The interviewer must concentrate on simple argument, fast delivery, incisive separated appeals and, above all, a calm manner.
18. The Inferiority "No." Too many of our patients feel defeated, doubt their own ability, dread their own ineptness. To be safe, to be on the defensive, they give the inferiority "no," sometimes with

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exaggerated aggressiveness. The interviewer has the task of recognizing the inferiority "no" for what it is and then of proceeding to build confidence and extract the desired information.

19. The Stubbornness "No." Just don't push me around. Because you thought you could push me around even if you didn't. If the patient feels this way, his answer is the stubbornness "no." The patient is obstinate, unyielding and will not give you satisfaction. You develop nothing. The interviewer must not force any issue. He must let the stubborn "no" patient win or appear to win. He must not mention pighead or mule. Sometimes the ice of stubbornness melts. Usually, it requires a new interviewer, a new time, a new approach and new knowledge imparted to the patient.
20. The Financial "No." The financial "no" comes from the male patients who insist they never paid for female companionship, for favors. Hence, they do not divulge names and addresses of contacts paid with money. Nearly all men deny the idea they were paid but certainly they never paid. The clever interviewer forgets all financial considerations and even the very existence of money in conversation with patients during the interview involving the financial "no."
21. The Performance "No." The patient is a repeater. He has gone through all this before. His idea is that it didn't work before and it won't work now—why give names and addresses? The performance "no" is tough for the interviewer. It is necessary to regain confidence, to probe gently, to teach.
22. The Bluffer "No." It is very difficult to determine the reason why a patient just sits and denies the facts of life to you and apparently to himself. He is bluffing. His bluffing is a hope. The entire business will just cease to exist. It just didn't happen. The interviewer must analyze the situation and dig deeply and diplomatically. No one method helps. Success depends upon youth of the patient, his sex, domination by parents, older or wiser schoolmates, etc.
23. The Vindictive "No." This is just the result of prejudice on the part of the patient at that crucial moment. He doesn't like the sex, color, age or clothing of the interviewer. He doesn't like the idea of being in the situation he finds himself. He will avenge!
24. The Weaselword "No." Just a smokescreen, meaningless, sort of can't place the "no" in any other category. Here is the exception, the freak, the biologic sport, the out-of-this-world character, but he says "no" just the same.
25. The Authentic "No." The authentic "no" never exists in social hygiene conference room work. The evidence is there. The infection came from a human being and was transmitted to another human being. The patient knows. Your job is to have him tell.

BEHIND THE BY-LINES

Lester A. Kirkendall



Prof. Kirkendall

One-time high school coach and teacher, college instructor, educational consultant and counselor, YMCA board chairman, Dr. Kirkendall is now assistant professor of family life education at Oregon State College. Previously, he was director of the Association for Family Living. Active in church work, a popular speaker, father of two children, Dr. Kirkendall finds time to write books and articles for leading educational magazines.



Lt. Col. Scharlemann

Chaplain (Lt. Col.) Martin H. Scharlemann

Chaplain Scharlemann, wing chaplain at Vance Air Force Base in Oklahoma, was previously on the faculty of the Chaplain School at Carlisle Barracks, where his work won for him the Army Commendation Ribbon. A graduate of Concordia Theological Seminary, he holds degrees from Washington University, St. Louis. Author of lectures on character guidance used by chaplains, he is editor-in-chief of all Army character guidance materials.



Mr. Connolly

Thomas E. Connolly

For many years a social hygiene enthusiast, Mr. Connolly served during World War II as social protection representative in New York State. Later he was social



Dr. Fiumara

hygiene consultant for the New York State Committee on Tuberculosis and Public Health, and at present he is executive secretary of the Onondaga (N. Y.) Health Association.

Nicholas J. Fiumara, M.D.

Except for the war years, Dr. Fiumara, like any proper Bostonian, has stayed close to the Charles River. He went to Boston College, received his M.D. from Boston University's School of Medicine and his Master of Public Health from Harvard, where he studied VD control methods under Dr. Walter Clarke, ASHA's executive director. Now director of the Massachusetts Department of Public Health's division of venereal diseases, he previously served as epidemiologist and district health officer.

Herman Goodman, M.D.

Dr. Goodman has never relinquished the interest in social hygiene which he developed as a medical student. He was officer in charge of VD control in Puerto Rico, Panama and parts of the eastern department of the Army from 1917 to 1920. At one time or another engaged in social hygiene activities at federal, state and local levels of government, he has written extensively on the prevention, treatment and history of VD.

BOOK NOTES

Marriage Is What You Make It, by Paul Popenoe. New York, Macmillan, 1950. 221p. \$3.00.

Prefabricated houses can be put up in a comparatively short time. The parts fit together and, presto, there it is, a livable home.

But prefabricated marriages aren't nearly as practical. Most of the finer nuances and rapport of married life are developed after the ceremony has made the couple man and wife.

That doesn't mean that many factors of happy wedlock can't be acquired beforehand, but the most vital art—the ability to understand and live congenially with the one and only—is not a generic but a specific quality that can be gained only through the contacts and experiences of day-to-day living with a specific her or him.

Courtship and honeymoon days often are lived in a fairyland. He still is wearing his princely costume and she is his dream princess. Then they come down with a thud to life's realities and promptly learn that, despite previous assumptions, each has quite a variety of earthy tendencies and habits.

This post-honeymoon awakening leads in many instances to wonderment and in some to recriminations. So, before this status develops, the couple should read and

ponder over Popenoe's newest book, "Marriage Is What You Make It."

The Macmillan Company publishes this volume, and its 221 pages are crammed with interesting, useful counsel and cases. You may have seen some of the material previously in the *Ladies' Home Journal*, or in the newspapers that carry Dr. Popenoe's syndicated column.

As dean of America's marriage counselors, the author has two great advantages over many other writers in this field—he has plenty of authoritative things to say and he knows how to say them.

RAY H. EVERETT

Social Pathology, A Systematic Approach to the Theory of Sociopathic Behavior, by Edwin M. Lemert. New York, McGraw-Hill, 1951. 459p. \$4.50.

Lemert's theory starts with the idea that people are differentiated in various ways, and consequently are liable to suffer social penalties which react on the initial differentiation. This process, with its structural products, can be studied from its collective and distributive aspects, concerning sociopathic differentiation and sociopathic individuation.

The first section considers theory, the second, various kinds of sociopathic behaviors, one of which is prostitution.

Despite the limited number of prostitutes as compared with that of other sex deviates, prostitution

is significant because it is an extension of more generalized sexual pathology, and must be understood as an organized medium through which unintegrated sexual impulses find expression. The broad treatment of the subject covers such factors as the nature and extent of prostitution, ecology, societal reaction, control and exploitation, as well as the race, occupation, education, religion, economic and marital status of the prostitute.

The volume concludes with an outline for case studies, a glossary and an index.

Social Work Year Book 1951, edited by Margaret B. Hodges. New York, American Association of Social Workers, 1951. 696p. \$5.00.

Initiated by the Russell Sage Foundation in 1930, this is the 11th edition and the first under the new publisher.

An up-to-the-minute encyclopedia for social workers and those in related fields, it comprises authoritative articles in the first part and directories in the second.

Dr. Luther E. Woodward traces the development of family life education in a section under this heading. Under public health, Dr. Leonard A. Scheele outlines the program of the American Social Hygiene Association, with particular emphasis on its VD activities.

Other sections of interest to social hygiene workers are on child

welfare, family social work, juvenile and domestic relations courts, juvenile behavior problems, and youthful offenders.

Your Health, by Dean Franklin Smiley, M.D., and Adrian Gordon Gould, M.D. New York, Macmillan Company, 1951. 555p. \$4.50.

Although *College Textbook of Hygiene* underwent three revisions from its inception in 1928, the authors decided in 1950 that a complete rewrite was necessary, to include community health and to cover health problems of the entire life span, not just the college years, for broader reader appeal.

Easily comprehensible to the layman, the book discusses the avoidance of infection, the relation of food to health, exercise, housing, prenatal and infant care, rural and industrial health, old age, nervousness and the common diseases.

"The Hygiene of the Genital System" gives a concise account of the structure and function of the reproductive system, of the development of the sex instinct, of fertilization, of foetal development and birth. The value of monogamy and the single standard is defended.

"Social Hygiene Problems" discusses briefly deviations from normal sex conduct, the venereal diseases and community efforts in social hygiene.

The book concludes with a list of film sources, glossary and index.

THE LAST WORD

The JOURNAL now says the last word—for three months, that is. After a hot-weather pause, it will take a deep breath and plunge into fall with an eye to innovation and self-improvement.

Thank you all for your many varied comments on the JOURNAL's new look. They have reflected thought and real interest, and we are grateful for your compliments and your candor. Please continue to tell those-who-are-trying-to-make-each-issue-better-than-the-last what you think the JOURNAL should be and do.

Meanwhile, have a pleasant summer and let us hear from you again in the fall.

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ASHA's Job in National Defense

- ★ To study prostitution conditions, particularly near military installations and industrial centers
- ★ To prepare fully documented reports on local prostitution conditions for the information and guidance of military and civil authorities
- ★ To provide community leaders with the facts about the dangers of commercialized prostitution
- ★ To advise communities on the most effective ways of repressing vice and to recommend ways of treating sexual delinquents
- ★ To stimulate adequate wholesome recreation as a morale-building safeguard against sexual misconduct
- ★ To intensify the spread of sound information about venereal disease, particularly to young people entering the Armed Forces
- ★ To help strengthen family life against the tensions of the times by fighting VD and sexual promiscuity, two major threats to family health and well-being
- ★ To encourage education for family life, through publications, study courses for parents, and formal training for teachers, youth leaders and others who influence young people

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